

LEADERSHIP STYLE OF FIRST-LINE
MANAGERS
IN GOVERNMENTAL HOSPITALS ON
THE WEST BANK

by

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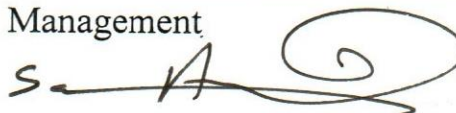
ENDORSEMENT

THESIS TITLE:

LEADERSHIP STYLE OF FIRST-LINE MANAGERS IN
GOVERNMENTAL HOSPITALS ON THE WEST BANK

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DECLARATION

No portion of the work referred to in this study has been submitted as an application for another degree or qualification to this or any other university or institute of learning.

Seyyan Al Arab

DEDICATION

This piece of work is dedicated to all of my family members, to my mother, to my wife, and to our children, Ehab, Hiba, Mohammed, Roba, Rashad, Ameer and Haya, for their suffering, patience, and supporting. To all of my friends and lovers for their encouragement.

To them and to everyone who participated, helped, and encouraged me to complete this work. I dedicate this thesis.

Seyyan Al Arab

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ABSTRACT

This study discusses the leadership styles of the first line managers in the governmental hospital on the West Bank (W.B).

The total head nurses in the governmental hospitals on the West Bank were involved in the study. The Ohio State model of leadership styles was the theoretical framework, and self administer questionnaire was the tool for data collection. The questionnaire included two main sections: The first section was demographic and personal data, while the second one was leader behavior self questionnaire.

After collecting the data and verifying content the findings revealed that 62% of the subjects were between 31-40 years old, 70% of them were females and 84% were married. The majority of them 75% were diploma graduates. Most of them are seniors in nursing, but in head nurse position 30% of them are being in position for 12 years or more while 37.5% are new in position (less than 3 years).

Concerning the leadership style the findings revealed that 59% of the subjects are using high task and high people oriented style, while 30% of them are using high task and low people oriented one.

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the decision-making process. However, there are times when nursing managers are forced to adopt an autocratic management style, thus, making unilateral decisions and telling subordinates how and when to implement them.

The governmental hospitals (GHS) on the West Bank (W.B) which are currently run by the Palestinian National Authority (P.N.A) suffer a variety of serious flaws including poor infrastructure, scanty resources, and inadequate management system. Moreover, these hospitals are under increasing pressure to meet growing needs with such abilities. In the light of these, hospitals would have to undergo qualitative management betterment in order to be able to make use of existing potentials and, consequently, meet as effectively as possible the health care needs of a growing population. An effective nursing management is, therefore, essential for attaining a sound health care. Furthermore, the leadership style used by managers plays an important role in dealing with such a situation and eventually achieving best performance.

This study will focus on the leadership style used by the first-line managers in governmental hospitals on the West Bank; and to find out if there is a relationship between demographic characteristics of those managers and the leadership styles they used.

The first-line manager in nursing is the head nurse or the clinical supervisor. Individuals who fill these positions are continually caught between meeting boss's and subordinate expectations respectively, often resulting in persistent role conflict and job dissatisfaction. The first line manager represents the administration to the staff nurses and aides, but is seen by nursing administrators as part of the clinical work force. As a result of this duplicate role, first line managers move uneasily back and forth between management and labor, representing the first party's view points and simultaneously bear full or partial responsibility for running prescribed daily tasks.

B. Significance of the problem:

Little is known about leadership styles adopted by nursing managers in governmental hospital on the W.B. A study of leadership styles of first-line managers in the governmental hospitals is, therefore, essential for the purpose of enabling those managers to identify their styles, and then modifying them according to the present challenges those leaders are facing.

The leadership style of nurses managers is one of the important factor influencing their subordinates. On the West Bank governmental hospitals are providing care for a large portion of Palestinians. One of the important factors influencing nurse's activities is the leadership style of their managers.

A. Statement of the problem:

The leadership style of nurse's managers are essential elements influencing subordinates productivity Hersey and Blanchard (1988) defined leadership style as using of communication processes to influence the activities of an individual or of a group toward attainment of goal or goals in a unique situation.

The stereotyping of poor nursing care and dissatisfactory management in governmental hospitals on the West Bank stimulate all concerned people to investigate the problem and further motivate them to search for appropriate solution. The leadership style of managers in general, and first-line managers in particular, is an important factor influencing effectiveness, which in turn promotes high level performance. For this reason an exploratory study of leadership styles of first-line managers in the governmental hospitals on the West Bank will help in assessing the actual situation and highlight the problem for further researches in the future.

C. Purpose of the study:

The study aims at the following objectives:-

1. To explore the primary leadership style of first line managers in governmental hospitals on the West Bank.
2. Finally, the main goal of the study is to be a basis for further investigation by other researchers, and to benefit the ministry of health (M.O.H).

The following questions are to be investigated by the researcher:

D. Research Questions:

1. What are the primary leadership styles of (F.L.M.) in (GHS) on the West Bank?
2. Have first-line managers in governmental hospitals on the West Bank used different leadership styles to fit the situation?

E. Assumptions: It is assumed that:

1. the questionnaire will be clear, easy, and understandable by participants.
2. response will be high among first-line managers in the governmental hospitals, hence the majority of them are personally known to the researcher.
3. the researcher can complete the study within the time span allowed.
4. the nursing division in the Ministry of Health (M.O.H.) will help facilitate carrying out the study.

F. Limitations of the study:

The following limitations are expected by the researcher:

1. Closure of roads between cities in West Bank by Israeli forces adversely affects movement between hospitals.

2. Apathy by some of the first-line managers make them disinterested, thus improperly fill the questionnaire which may eventually affect the reliability of the study.
3. Lack of relevant local literature on the topic.
4. Since the study is conducted only in the West Bank, the result can't be generalized to governmental hospitals in Gaza even though they are operating under similar conditions.

G. Definition of terms:

1. Nurse : Male or female person who studied and graduated from an accredited nursing school (Palestinian Nursing Council 1972)

2. Nursing art: "The ability to assist others in the design, provision and management system of self care to improve or maintain human functioning at some level of effectiveness (Dorothea Orem, 1959).

3. Leadership: Using communication process to influence the activities of individual or of a group toward the attainment of goal or goals in a unique and given situation (Hersey & Blanchard, 1988).

4. Leadership style

- (conceptual): is how a manager acts toward members of system: behavior patterns exhibited in influencing the activities of others as perceived by those others (Hersey & Blanchard, 1988).

Operational: Situational leadership model will be used (Hersey

& Blanchard, 1988).

Task behavior: the extent to which leaders organize and define roles, explain activities, determine when, where and how tasks are to be accomplished and endeavor to get work accomplished (Hersey &

Blanchard, 1988).

Relationship behavior: the extent to which leaders maintain personal relationship by opening communication and providing psychoemotional support and facilitating behaviors (Hersey & Blanchard, 1988).

5. **First-Line manager:** Male or female nurse who is formally appointed as a head nurse in a unit or department of a hospital.

The leadership style of first line managers in governmental hospitals on the West Bank has not been investigated or studied. This exploratory study will be conducted to identify the leadership styles used by those managers.

The following are questions to be investigated by the researcher. What are the primary leadership styles used by first-line managers? Is there a significant relationship between leadership styles, and demographic characteristics of managers.

The researcher assumes that the questionnaire will be easy and understandable by the participants, and expects participation to be high. The researcher also assumes that the Palestinian Ministry of Health will help facilitate the study.

Closure of cities made by Israeli occupation forces, apathy by some participant, and lack of relevant studies on the topic are some of limitations expected by the researcher. Finally, terms pertaining to the study are defined.

Summary



Figure (2.1) Different districts of West Bank

Source: The National Health plan for Palestinian people objectives and strategies (1994 p.16)

insurance is increasing substantially. There are eight general hospitals distributed over the W.B. in addition to one psychiatric hospital in Bethlehem. The general hospitals are expected to provide services for all

more people as the number of those who carry the medical governmental hospitals services and sought to extend them to Now, the Palestinian National Authority have expanded of Palestinians, especially to those possessing medical insurance. governmental hospitals services were limited to a small portion. Moreover, perpetual dependency on Israeli hospitals. The aim was mainly to keep Palestinians in a state of hospitals. The aim was mainly to keep Palestinians in a state of all that Israel was never interested in developing Palestinian and the Gaza Strip were under Israeli control. It was obvious to Not long ago, governmental hospitals on the West Bank closures by the Israeli occupation authorities.

The governmental hospitals on the W.B. provide secondary health care for majority of the Palestinians, especially after the peace process and the Oslo Accords. Other health care facilities are not accessible now for the Palestinian population of the West Bank because of the high cost of medical care in the nearest countries, political barriers, repeated curfews and recurrent

SETTING OF THE STUDY

CHAPTER (II)

Palestinians in the W.B while the Psychiatric Hospital is expected to provide services to the inhabitants of the West Bank and Gaza Strip combined. The following table illustrates distribution of governmental hospitals on the (W.B) as provided by the hospital division in the ministry of health.

Table (2.1) distribution of G.Hs over the W.B

No.	Area	City	Hospital	Beds	Nurses
1.	North	Jenin	Jenin	86	60
		Tulkarm	Tulkarm	67	52
		Nablus	Rafidia	144	105
			Alwatani	94	77
2.	Middle	Ramallah	Ramallah	131	115
		Jericho	Jericho	44	29
3.	South	Bet Jala	AlHusein	70	59
		Hebron	Alia	116	84
		Bethlehem	Psychiatric	320	72
	Total			1072	653

Source: Ministry of health hospitals division, 1997.

Governmental hospitals provide health care through several departments in each hospital. Department classification and subdivisions differ from one hospital to another in accordance to the care provided and other peculiar characteristics of each hospital.

Source: Ministry of health hospitals division 1997.

No.	Department	Jenin	Tulkarm	Rafidia	Alwatani	Ramallah	Jericho	Beit Jala	Hebron	Total
1.	G.Surgery	15	18	32	-	11	9	12	38	135
2.	Urology	-	-	10	-	3	-	8	-	21
3.	Medical	15	15	-	42	10	8	21	21	132
4.	Oncology	-	-	-	8	-	-	8	-	16
5.	Pediatrics	25	15	-	40	27	6	7	25	145
6.	Neonates	7	4	14	-	12	2	-	8	47
7.	Gynecology	4	4	18	-	7	3	4	5	45
8.	Maternity	17	11	31	-	14	3	6	19	101
9.	Orthopedic	-	-	20	-	8	11	4	-	43
10.	Burn	-	-	6	-	-	-	-	-	6
11.	I.C.U.	3	-	3	4	4	2	-	-	16
12.	Heart	-	-	-	-	8	-	-	-	8
13.	ENT& Ophthalmic	-	-	10	-	-	-	-	-	10
14.	Intermedient	-	-	-	-	2	-	-	-	2
15.	Thoracic surgery	-	-	-	-	8	-	-	-	8
16.	Neurosurgery	-	-	-	-	7	-	-	-	7
17.	Nephrology	-	-	-	-	3	-	-	-	3
18.	Lung diseases	-	-	-	-	3	-	-	-	3
19.	Pediatric surgery	-	-	-	-	4	-	-	-	4
Total		86	67	144	94	131	44	70	116	752

specialty

Table (2.2): General hospital beds distribution according to

The following table No. (2.2) illustrates distribution of departments in general governmental hospitals on the W.B. as provided by the hospital division in the ministry of health.

Distribution of beds according to specialty has been illustrated in table (2.2). The governmental hospitals distribution is as follows: The north: one in Jenin, one in Tulkarm, and two hospital in Nablus. The central region has two hospitals: one in Ramallah and the other in Jericho. There are no governmental hospital in Jerusalem while in the south there is one hospital in Beit Jala and another in Hebron. The one and only psychiatric hospital which serves the Palestinian population of the West Bank and Gaza Strip is located in Bethlehem.

(W.B.) and Gaza. There are eight general governmental hospitals and one psychiatric facility distributed over the (W.B.). The total number of beds in general hospitals have reached (752). The psychiatric hospital in Bethlehem has (320) beds serving all Palestinians in seriously inadequate to meet people's needs.

The governmental hospitals on W.B. were established by the Jordanian government prior to 1967 and remained under Israeli control until 1994 when the (P.N.A) assumed limited autonomy in large towns on the West Bank. Israeli control of the hospitals, needless to say, kept them utterly undeveloped and

Summary

Leadership styles were studied by many theorists and researchers, especially in the West. These studies indicated that the style used by a leader is dependent on three main forces which determine the amount of control a leader uses in relating to group members. The forces are found within the leader, within the group members, and within the situation (Tannenbaum, Weschler & Massarik, 1961). The leader behavior in any given situation will be influenced by many factors within his own personality. He will behave in a unique way on the basis of his background, knowledge and experience. The internal forces that affect the leader's behavior are: His value system, his confidence in subordinates, his own leadership inclinations, and his feeling of security in an uncertain situation (Tannenbaum et al, 1961). Before deciding how to lead a certain group, the leader will consider a number of forces affecting his subordinates behaviors. The following conditions encourage the leader to permit freedom to group members. The group members need independence, show readiness for responsibility, tolerate ambiguity, are committed to a common goal, have interest in group task, have capabilities required to deal with such task, and expect to share in decision making. The leader

Literature Review

CHAPTER (III)

permits members more freedom when these conditions exist and less freedom when these conditions are absent (*Tannenbaum et al, 1961*). In addition to the forces which exist in the leader himself, and in his subordinates, certain characteristics of general situation will also affect the leader behaviors. The traditions and values of the organization in which leaders and members interact are imposed as unwritten guidelines. The size of organization and its structure determine the amount of interaction possible among the leader and members. The degree of confidence member of the group have affect the amount of cooperation within the group. The task, problem and the pressure of time determine whether the leader will be able to share decision making with the group (*Tannenbaum et al, 1961*).

Different leadership styles are commonly identified in nursing work settings. Three classical styles were recognized: Autocratic, Democratic and Laissez fair style, A style is conceptualized as a range of possibilities along a continuum. Possibilities depend mainly on the control used by the leader and the freedom given to group members. The autocratic style is characterized by maximum control by the leader on the group members and minimum freedom for them. On the other hand, in laissez fair style, the leader has minimum control on the group and group members are given the maximum freedom. The range between autocratic and laissez fair is the democratic leadership

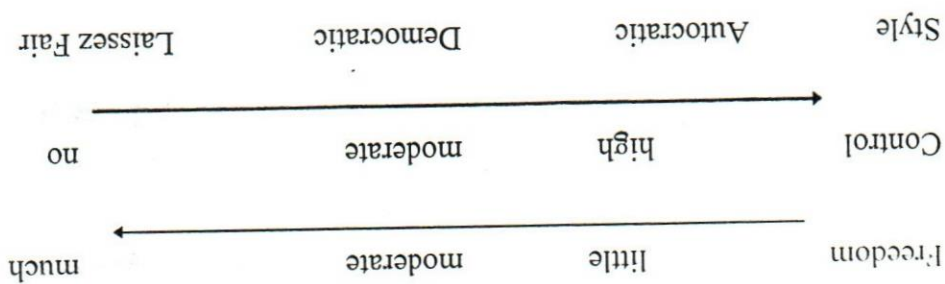
style in which the degree of control freedom vary (Bernhard &

Walsch, 1990).

Ruth M. Tappen (1983) developed the following

continuum for the three leadership styles as shown in fig (3-1)

Fig (3-1) Continuum of leadership styles



Ruth M. Tappen (1983 p.39) Nursing leadership concepts and practice

The three leadership styles discussed were investigated by many researchers. These style can be differentiated further.

An autocratic leader exhibits consistent behavior pattern. He determines policies for the group members and detailed methods for goal attainment. The leader alone has the overall view. He specifies the actions and interactions that would be allowed. Feedback is given to members in the form of personal praise or criticism (Lewin Lippitt and white, 1939). The autocratic leader has also been conceptualized as an organization person, remaining aloof from group members and engaging one-way communication with the group, telling them what to do (O'Donovan, 1975). Another variation of the autocratic style is mature autocrat. A mature autocrat leader wants to have the position of control yet he want the group to feel needed. These leaders are usually highly skilled, persuasive and sincere about their ideas, and at time invite questions (O'Donohan, 1975). The mature autocrat is also known as diplomat. The diplomat leader provides freedom within strict limits to the group members. The leader makes sure that his or her decision is recognized but allows input from the group. So, the group remains satisfied as a result of their needs are being met (Owens 1976). Autocratic style is also called directive style. The directive leader assumes complete control over all decisions and activities of the group. The directive leader personality can be described as firm, insistent, self-assured and dominating with or without intent, and

keeps at the center of attention (Douglass, 1992). Autocratic leadership style is appropriate in some situations. Some nursing staff members tend to be more productive under the direction of autocratic leaders because it meets their needs for security and job satisfaction. In situations where immediate action is required and there is no time for group decision making, autocratic leader is able to take action quickly. Autocratic leader excels in time of crises and situation of disorder. The autocratic leaders have the reputation for being able to get difficult assignment completed (Potter & Perry, 1993). Many nurses are used to work under autocratic leadership style. This style has been used in most hospital settings until recently. It seems to have evolved from military and religious images that nursing has developed historically. These images and this style of leadership are gradually being replaced by democratic style of leadership, as nurses demand more participatory role in decision making process (Carol Taylor et al, 1996).

In summary, an autocratic leader retains full authority, responsibility, and is concerned primarily with task and goal accomplishment. He uses one-way communication pattern with the group. A leader using this style displays little trust and confidence in employees who generally fear their leader. The autocratic leader tend to stifle individual initiative and creativity even when high productivity occurs.

The democratic leader encourage group members to determine their own policies. He gives members an overview of the task and explains steps toward accomplishment before starting. The group members are free to choose actions and interactions that would facilitate the work. Feedback about the work is given in factual and objective manner (*Lewin Ippitt & White, 1939*). The democratic leader is viewed as participative leader focusing on the task and the group members at the same time. This leader may function as a member of the group during decision making sessions. The leader may make the decision and test it with the group, or may present the problem, listen to all information and alternatives suggested by the group, and then makes the decision (*Tannenbaum et al, 1961*) A democratic leader is viewed as collaborative or collegial democrat who performs supportive team building function. The colleagues focus more on self direction by each member within the group (*Cribben, 1972*). The democratic style is people-oriented approach that allows greater individual participation in decision making process. The democratic leader delegates authority but retains ultimate responsibility. Communication is open, friendly, and there is trust in employees (*Potter & Perry, 1993*). Democratic leadership is characterized by a sense of equality among the leader and followers. Activities and decisions are shared. Followers are encouraged to develop their skills and strengths within the group. As a result, more nurses are currently

practicing democratic leadership style. As professionals, nurses tend to respond well to this style, when they are followers, and feel more comfortable when they are leaders. Group satisfaction and motivation can be excellent benefits of this style (Carol Taylor et al 1996).

In conclusion, democratic leaders act as catalysts for the group rather than controllers. They say (We) rather than "I" when talking about a plan and goals of the group. They set limits, enforce roles and encourage productivity. Criticism is meant to be constructive. Group members are motivated and committed to achieve organizational goals, as they participate in decision making, and they are responsible for outcomes. Democratically led group tends to be less quantitatively productive, than autocratically led one. However satisfaction and self-motivation of the group is more evident in democratic led group, rather than autocratic or laissez fair led groups. The open friendly communication among group members increases group effectiveness and group unity.

The laissez fair leader on the other hands, gives group members complete freedom. Leader participation is limited to answer questions when asked, and he does not give any feedback unless asked (Lewen Lippitt & White, 1939). Another view of laissez fair leader is being permissive or free-rein. The group is given total responsibility, but without any structuring behavior from the leader. As a result, the group may become unable to

function (Steven, 1978). Laissez fair leader is looked at as liberator, using collegial manner. The goals, policies, deadlines budget and other essential parameters are defined by the group and the leader. Then group work independently unless they request leader participation (Owens, 1976). The Laissez fair leader emphasizes the individual rather than task at hand. Communication is open between group members. This style may cause loss of sense of the group unity, which results sometimes in low productivity and little satisfaction among group members (Stogdill, 1974). Laissez fair leader wants every one to feel good. This leadership style allows the group to drift aimlessly because the leader provides no direction. This style is not generally used in health care systems because organization and control are essential for efficient day-to-day operations (Potter & Perry, 1993).

Finally, the laissez fair leader is generally inactive, passive, and non-directive. The leader relinquishes all power to the group members. This style is rarely seen in hospitals because task achievement is difficult when each nurse is working independently. However, this style can be beneficial to highly motivated professionals who show the capacity for independency in working.

Another view of leadership styles and how leaders behave was seen by Likert (1976). He examined leadership styles and

developed his four system model. Likert concluded that there are basically four leadership styles called systems. They are:-

System (1) (Exploitative): Manager does not have any confidence or trust in subordinates. He holds all the authority and subordinates don't participate in decision making. Subordinates experience fear, punishment, distrust and occasional rewards. Communication is mainly downward, but there is very little upward communication. *System (2) (Benevolent Authoritative):* Manager has some confidence and trust in subordinates, but subordinates are still not free to discuss job related problems with manager. Communication is mainly downward with minimal upward and limited interaction with superiors. *System (3) (Consultative itals):* The leader has complete confidence and trust in subordinates. Subordinates are free to discuss job related matters with their superiors. Subordinates experience reward and occasional punishment. Communication is in both directions, and subordinates interact freely with leaders. *System (4) (Participative group).* The leader has complete confidence and trust in subordinates. Subordinates discuss and interact with their superiors with complete confidence and trust. Subordinates are highly motivated, participate fully in decision making and are free to communicate.

Likert (1976) stated that any organization may be characterized by one of these systems. However, greater

attention should be directed to system (4) participative group italics which is ideal for organizations concerned employee well being.

Determining the appropriate leader behavior or style is often more complex. For this reason, theorists have broken leader behavior into components and they used models to determine the appropriate behavior for specific situation. Management theorists designate two basic components of leader behavior even though the theorists name the components differently. One component deals with getting the job done, and the other is concerned with inter personal behavior. Hersey and Blanchard (1988) called the components task behavior and relationship behavior. The Ohio state leadership studying staff called the components (initiating structure) and (consideration). Tannenbaum and Schmidt (1958) labeled the components as use of authority by the leader and area of freedom for subordinates. Black and Mouton (1964,1978,1984) classified the components as concern for production and concern for people.

A leader behavior is never one component or the other. The leader behavior is composite of both components, with the weight of each varying given the whole. The leader behavior is conceptualized as filling the rectangle in figure (3.2). As task behavior decreases relationship behavior increases. There is always an element of job-related behavior and relationship behavior in the style.

The following are some leadership models as viewed by theorists. The models explain leaders behaviors and serve as a framework for diagnosing leadership styles in a certain situation. In 1948, a group of researchers at the survey center at the university of Michigan began to study the relationship between a superior's behavior, subordinate's moral, satisfaction, and productivity. They found two distinct styles of leadership (employee-centered) and (job centered).

Source: Management in health care: A theoretical and Experiential Approach by Elaine La Monica (1994) p. 78

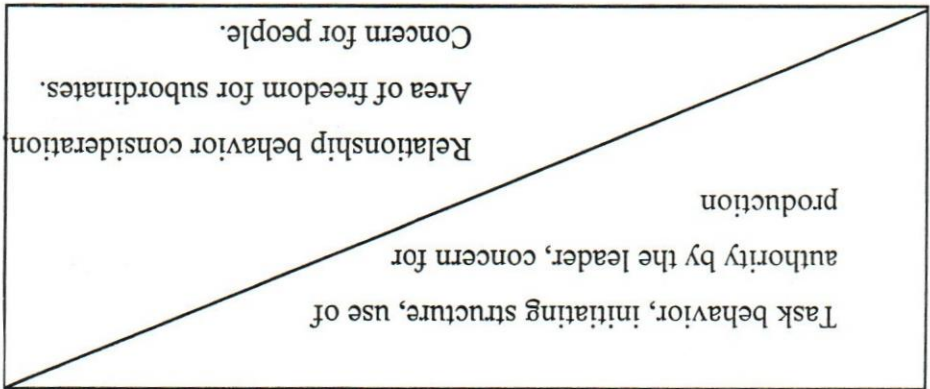


Figure (3.2): balance of leader behavior components

The Employee-Centered: Leaders tended to develop personal interests in subordinates, behave in supportive non punitive manners toward subordinates, and concentrate on training workers for better jobs. In Contrast Job-centered leaders tended to avoid personal interest in subordinates, behave in demanding and punitive manners toward subordinates and become personally involved in their work tasks. Many researchers believe that job-centered leaders are usually less successful than employee centered ones. The Michigan researchers found that the most productive units were usually managed by employee-centered leaders. However at about the same time, the Bureau of Business Research of Ohio State University was involved in researches suggesting that most managers have combination of two leadership style dimension. The Ohio state model for leadership styles contains the following components of leader behavior. (Initiating structure and consideration). Initiating Structure leaders attempt to organize and define roles and activities of group members. It states a goal and delineates what is to be done, how it will be done, when it will be done, where it will be done, and who is responsible for specific tasks structure. It involves one-way communication; the leaders tells followers what to do in order to accomplish a goal. Consideration involves two-way communication, responding to the group's needs by requesting opinions, beliefs, desires and

so forth. Group activities and discussions are consideration interventions. Consideration refers to establishing mutual trust between among group members, showing respect and warmth. The Ohio State model can be seen in figure (3.3). When the two components of leadership are placed on separated axes and the window boxes are filled in, four leader behaviors styles result.

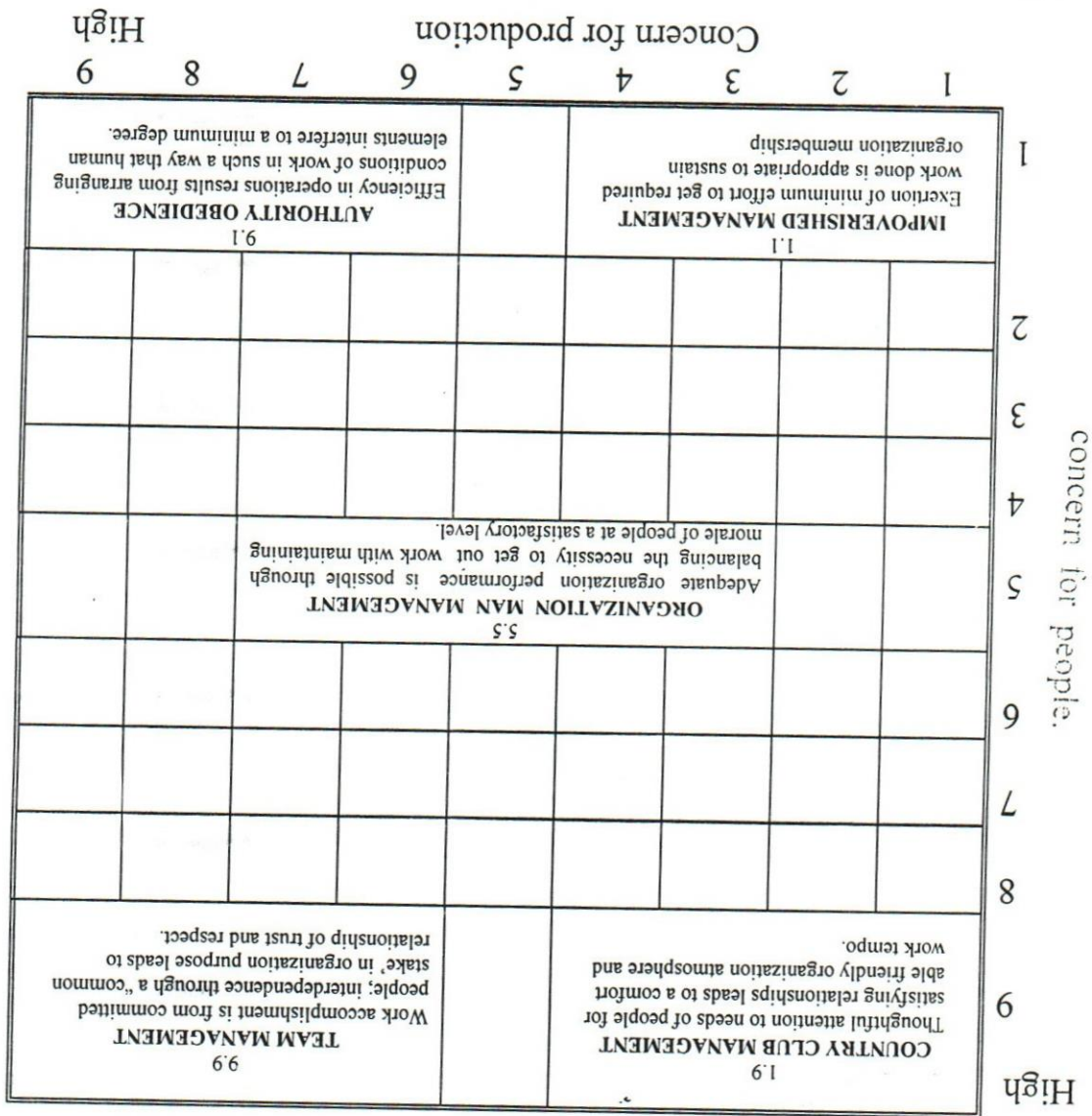
Figure (3.3): Ohio State model of leadership

		High consideration
Low consideration	Low structure Low consideration	Initiating structure
High consideration	High structure High consideration	High

Source: Management in Health care: A theoretical and Experiential approach by Elaine La Monica (1994) p.(79)

Closely related to Michigan and Ohio State studies Black and Mouton (1964,1978,1984) develop the Managerial Grid. The Grid has five styles of leadership based on a combination of concern for production and concern for people. The scale of components moves from one (Low) to nine (High) as seen in figure (3.4) which represent the five styles of leadership.

Figure (3.4): The managerial Grid



Source: Management in Health care: A theoretical and Experiential approach by Elaine LA Monica (1994) (p. 32)

(Black & Mouton 1964) described the five leadership styles as follows

Authority-obedience (Task) (9.1): The leader assumes a position of power by arranging work conditions efficiently and in such a way that human elements interfere minimally.

Team management(9.9): People are committed to accomplishing a task, group members are interdependent, and everyone holds a "common stake". Relationships of trust, respect, and equality characterize the work climate.

Country Club management (1.9): The leader pays thoughtful attention to the needs of group members and fosters a comfortable, friendly atmosphere and work tempo.

Impoverished management (1.1): The leader extends minimal effort in accomplishing the required work.

Organization Man management (Middle-of-the-Road) (5.5): The leader balances the behavior that is task-related while maintaining the morale of group members at a satisfactory level.

A new theory grew out of the Ohio State model. The new theory called Situational leadership theory (Hersey and Blanchard, 1988). This theory is based on the assumption that there is no one successful leadership style, but leaders need to have a variety of styles that can be adapted to the unique combination of variables present in each situation. Situational leadership theory is based on two main factor: Using multiple leadership styles, and focusing on communication.

This theory looks exactly like the Ohio State model except for the names of leader behavior components are different. Task parallels structure and relationship parallels consideration.

2. *High structure/task and high consideration/relationship:* The leader balances concern for the intricacies of getting a task accomplished with a concern for the beliefs, desires, and needs of the group. The leader might define a goal, designate what needs to be done and who has specific responsibilities, and invites questions or reactions. The leader's original plan might be altered given the followers' reactions. In this style of leadership, the leader is still in full control but group interaction begins.

1. *High structure/task and low consideration/relationship:* The leader primarily defines the task, explains to the group each person's responsibility, and states when tasks should be done. One-way communication characterizes the leader's behavior even though the low relationship behavior is simply respect, warmth toward another, and positive reinforcement after a goal is completed. No group decision making is included in this style.

Source: Management in Health care: A theoretical and Experimental approach by Elaine La Monica (1994) (p80)

		Low
	Task behavior	Low
relationship	Low relationship	Low task
	High relationship	High task
	High	High

Figure (3.5): Situational leadership theory (Hersey & Blanchard 1988)

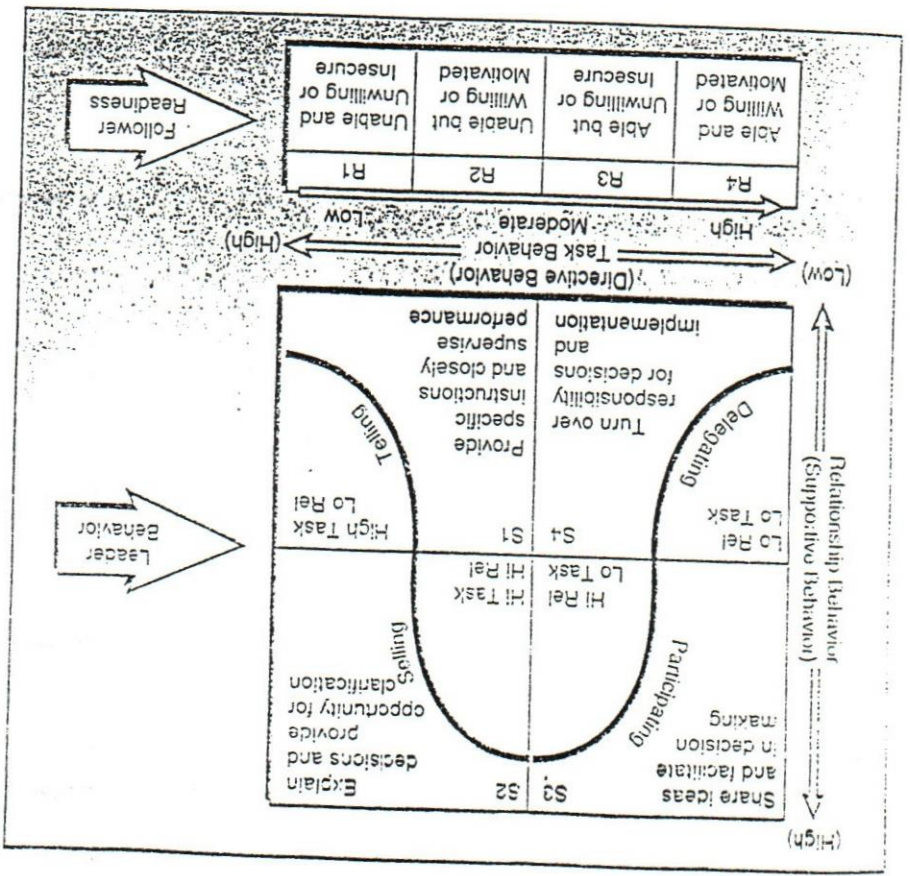
3. *High consideration/relationship and low structure/ task:* In this style, the leader's primary concern is not the task and its various intricacies. His concern is for the process of getting the group to work together effectively to accomplish the task. The leader still has some control over how the group accomplishes the task. In this style, for example, a leader might define the problem and ask the group members to make further decisions about how they will work together to accomplish the task.

4. *Low structure/task and low consideration/relationship:* The leader maintains a low profile in this style, permitting followers to function within previously defined limits. At times, the leader may be available for consultation, giving directions, or for positive reinforcement. Such interaction is not planned on a regular basis but rather occurs as the need arises. This behavior is delegation because control is shifted from leader to the follower(s).

The leadership style used by a leader according to Situational leadership theory is affected directly by the follower's readiness for the job or the task. Readiness means the ability and willingness to do job or task. Hersey and Blanchard (1988) described four leadership styles: (1) Telling (2) Selling (3) Participating (4) Delegating.

(Hersey and Blanchard, 1988)

Figure (3.6): Situational leadership theory



Source: Diane Huber (1996) p.65 leadership and nursing care management.

Yucelt (1986) examined the leadership style in the Middle East using Likert - type questionnaire. The study was conducted in five Turkish Companies in "Istanbul", Turkey. Four of these companies were private-owned, while the fifth was state-owned enterprise. The questionnaires were hand distributed to one hundred randomly selected managers representing the five companies. A total of fifty nine (59) usable questionnaires were returned. The result of the study indicated that the Turkish managers in private enterprises are less *exploitative authoritarian*, and are more *participative*. While in state-owned organization managers lean more toward *benevolent authoritarian*, and less *participative*.

Yucelt conceptualized that managers of the Middle East nations are considered authoritarian rather than democratic, and tend to discourage participatory decision making in their work place. They believe that authority will produce both higher moral, and productivity in the work place. While a participatory system produces low moral and low productivity. Yucelt concluded that authoritarianism in Middle East nations is caused partially by their educational system and family structures, and partly by their culture and social values.

Yucelt mentions two types of business organizations in the Middle East. Privately - owned organizations, and state owned enterprises. The state owned enterprises have large work forces, and contribute a great deal toward an economic development in

the Middle Eastern nations. However, despite the size and importance of being state owned, they are unproductive, inefficient, and largest money losers. He refers the inefficiency to incompetent and unqualified managers who have little incentives to minimize production cost.

Yucelt concluded several studies comparing managers in the Middle East and managers in the West which demonstrate that Middle Eastern managers tend to attempt to get results through authoritarian methods rather than persuasion and delegation of authority. They believe that subordinates are incompetent and cannot be trusted to perform their job independently in a satisfactory manner. Therefore, they strongly defend centralization of authority and insist that subordinates should be closely supervised and directed, which results in managers not having sufficient time for planning, coordinating, and controlling because much of their time is devoted to minor matters, which could be handled by subordinates. While in developed nations of the West. Workers generally show low moral, low productivity, and high degree of dissatisfaction with authoritative managers. Europeans and Americans, for example, demonstrate participatory management which results in high moral, high productivity, and high satisfaction at the work place. Douglas (1994) investigated nurses attitudes toward their managers in nine non governmental hospitals on the West Bank. A total population of four hundred and sixty five subjects were

selected. Just seventy five percent of subjects completed the questionnaires. Findings indicate that nurses had generally a positive attitude toward their superiors regarding communication style used by them, except for confrontation which was poorly handled by superiors. Ninety four percent of subjects like to talk with their managers in their offices. The majority of participants indirectly identified their superiors as being democratic leaders while about twelve percent of subjects identified their managers as laissez-fair leaders.

Adams (1990) investigated the leadership style of Chief Nurse Executives in the acute care hospitals accredited by the Joint Commission on Accreditation of Health care Organization (JCAHO) in the five county of San Francisco Bay area. The researcher used the leader Effectiveness and Adaptability Description-Self (LEAD-S) as an instrument for data collection. Situational leadership theory by (Hersey and Blanchard, 1988) was the framework for the study. Three main variables are to be taken in consideration in Situational leadership theory: relationship between employee and leader (Relationship behavior), how a leader is concerned for the task at hand (task behavior), and the ability and willingness of subordinates to do task (Maturity of followers). Situational leadership theory identified four situations and four leadership styles according to these situations as shown in table (3.1).

The questionnaires were mailed to 66 Chief Nurse Executives (CNEs) in all (JCAHO) accredited hospitals in the areas. Fifty Seven subjects completed the questionnaires and

(Government or Private). department, and type of ownership of the employing hospital hospital, organization (centralized or decentralized) of nursing nursing administration, number of beds in the employing certification by the American Nurses Association (ANA) in current chief nurse executives position, educational level, of experience in nursing administration, years of experience in The following items were investigated by the researcher: Years most frequent style is called the first alternate leadership style. is the respondents dominated leadership style and the second each leadership style is tabulated, and the most frequent response follow in each situation. The number of times respondents use and Delegating). Respondents choose the response they would one of the four leadership styles (Selling, Telling, Participating with four response options for every situation, each representing The (LEAD-S) described twelve management situations

	Situation(1)	Situation(2)	Situation(3)	Situation(4)
Relationship	low	high	high	low
Tasks	high	high	low	low
Maturity of followers	low	moderate	moderate	high
Leadership style	Telling	Selling	Participating	Delegating

Table (3.1): The Situational leadership situations and styles

standard Metropolitan statistical areas in Washington State. The researcher used a descriptive design. The study included (71) hospitals. Adams used the Leader Effectiveness and Adaptability Description-Self (LEAD-S) as an instrument for data collections, and Situational leadership theory was the framework of the study. Of the 71 nursing directors, 63 participated in the study.

The dominate leadership style of directors of nursing were high in relationship communication behaviors: (46%) of the directors used selling, and (40%) used participating as a dominating style. None of the directors used telling and delegating as a dominating leadership style. Nine of them had two or three leadership styles that tie for dominating styles. Most of the ties were between high relationship styles (selling and participating). The findings of the study showed slight variation in the first alternate leadership styles. Participating was the first alternate leadership style of (35.6%) of the directors, selling was the first alternate of (35%), and just one of the directors used telling as first alternate leadership style. Fifteen point seven of the directors used two or three leadership styles as first alternate style. Adams assumed the use of high relationship behaviors by the directors to occur because they did not know the importance of matching leadership style to follower readiness. These styles work well with people of average readiness level (R2 and R3). Adams comments that leadership theories are often taught in masters degree programs rather than in diploma, associated

degree or baccalaureate degree. Only 37% of the directors in the sample possessed a master degree or higher. It is likely that these directors had little exposure to Situational leadership theory.

Summary

Leadership is the ability to direct or motivate an individual or group toward the achievement of predetermined goals. Leaders have power whether it is explicit or implied. Much of these powers depend on the leadership style and how leaders responsibilities are fulfilled. Leadership style is an important factor influencing the extent to which a leader is effective. Style, in general, involves the way in which something is said or done including particular behaviors associated with an individual. Leadership styles, like other behaviors, can be learned, regulated, and developed. These styles have been studied by many theorist and researchers. Researches indicate that no one leadership style is effective in all situations but each has unique strengths for different situations. The effectiveness of each leadership style depends on the situation. As the situation changes, the effective leader adapts by changing leadership behaviors. Hersey (1967) makes the following conclusion about differences in leadership styles. "However, The more managers adapt their style of leader behaviors to meet the particular situation and the need of their followers, the more effective they will tend to be in reaching personal and organizational goals".

CHAPTER IV.

FRAME OF REFERENCES

Many models of leaderships have been explored that can be helpful in the study of leadership. A well-known model is the Ohio State model. A framework identifying the major variables influencing the leadership style has been structured by the researcher.

A: Ohio State Model:

Ohio State Model of Leadership, as defined by the Ohio State University, provides a perspective for studying the leadership styles of first-line managers in the governmental hospitals on the W.B. The basis of this model is that a leader uses variety of styles according to two main components. The first component is initiating structure by which the leader attempts to get task done and goal accomplished. The second component is consideration by which the leader establishes mutual trust between and among group members. The style is a range of possibilities along a continuum for each component. The model represent the two component together in a two dimensional shape as seen in figure (4.1). The horizontal axes represents the structure (task) continuum from low to high. On the other hand, the vertical axes represent the consideration continuum from low to high.

Figure (4.1): Ohio State Model

consideration	High	High consideration Low structure	High consideration High structure
	Low	Low structure Low consideration	High structure Low consideration
		Low	High
		initiating structure	

Source: Paul Hersey and Kenneth H. Blanchard, Management of organizational Behavior: Utilizing Human Resources (5th ed.) 1988.

When the two components of Leadership are placed on separate axis as in figure (4.1), the window boxes are filled in four leadership styles. These styles are:

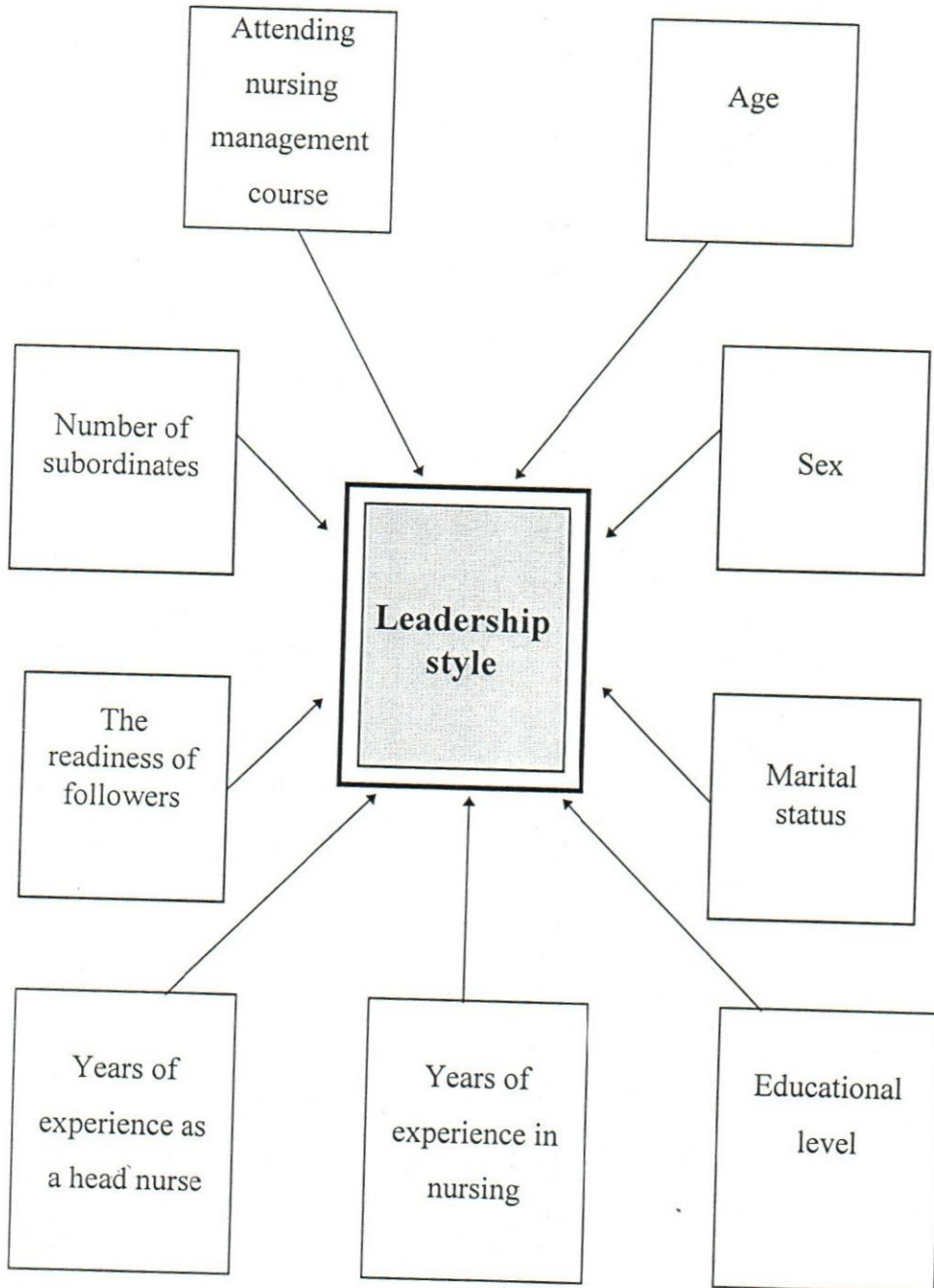
1. High structure and low consideration. The leader primarily defines the task, explains to the group each person's responsibilities and state when task should be done. One way communication characterizes the leader behavior, even though the low consideration behavior is simply respected warmth toward others, and positive reinforcement for followers after goal is accomplished. (Telling).
2. High structure and high consideration. The leader balances concern for the attempt of getting task accomplished with a concern for the beliefs, desire and needs for the group. The leader might define goals, designate what needs to be done and who has specific responsibility, and invites questions or reactions. (Selling).
3. High consideration and low structure. The leader in this style primarily concern for getting the group to work together effectively to accomplish the task, Rather, the task itself and its complicity. The leader might define the problem and ask the group member to make further decisions a bout how the work together to accomplish the task at hand. (Participating).

4. Low consideration and low structure. The leader maintains a low profile in this style permitting followers to function within previously defined limits. the leader may be available for consultation, to give direction, or for positive reinforcement so the leader delegates: authority, subordinates. (Delegating).

B: Conceptual framework of major variables:

The researcher constructed the following conceptual framework to identify the major variables influencing the leadership style. The variables are age of participant, sex, marital status, academic degree, years of experience in nursing, years of experience in head nurse position, number of subordinates, and subordinates' readiness for work. Figure (4.2) represent the pictorial view of the mentioned variables.

Fig. (4.2): Conceptual framework of major variables influencing leadership styles of nursing managers



Summary

Ohio State model of leadership styles defined by Ohio State University was the theoretical framework within which leadership styles are explored. According to this model the leaders behave according to two main components. The first one is concerning for people and relationship with the group members. (consideration).

The second component is task oriented and directed to accomplishing task (initiating structure). Four styles of leader behaviors according to this model result: 1) High structure, low consideration. 2) High consideration and high structure. 3) High consideration and low structure. and 4) Low structure and low consideration. Also, a conceptual framework of some major variables is conceptualized by the researcher and thought to have relationship with leadership style used by managers. The variables age, sex, marital status, experience in nursing, experience of ahead nurse, academic degree, span of control, readiness of followers and special course conducted in nursing management. A pictorial presentation of these variable was structured by the researcher.

CHAPTER (V)

METHODOLOGY

Introduction:

This chapter aims at presenting the methods, techniques, and procedures to be utilized in the study. In order to fulfill this task this, chapter will contain eight major sections. The first section is to review the objectives of the study. The second is to present the research design to be used. The third is to present the setting of the study. The fourth section aims to identify the population to be studied. The fifth one is to explain the instrument to be used. The sixth section will deal with the process of data collection. The seventh one is intended to give explanation about data analysis process. While the final section aims to explain the ethical issues to be considered.

Review of objectives:

The main objective of this study is to explore the leadership styles of the first-line managers in governmental hospital on the West Bank. Within the frame of the general objective, this study aims to examine the followings:

1. Personal characteristics of first-line managers participating in the study.

2. The primary leadership style used by the first-line managers.
3. Drawing a correlation between the leadership styles of the managers involved and their demographic characteristics.

Research design:

Research design is a program of work that guides the researcher through the process of collecting, analyzing, and interpreting data (Samir Abu znaid, 1990). Boone and Kurtz (1986) defined research design as “series of decisions, taken together, comprise a master plan, or model, for the conduct of the investigation”. Talbot (1995) stated that “research design is the platform from which the researcher explores new knowledge in an effort to better describe and understand phenomena, clarify plausible explanations, and, sometimes, identify potential causative factors. The research design provides the backbone structure of the study. It determines how the study will be organized, when data will be collected, and how the research steps are to be implemented.

Literature has revealed four types of research designs.

1. Experimental design which provides the strongest evidence of causality. It is characterized by manipulation, control, and randomization.

2. Quasi-Experimental design which is a useful design to test causality in field settings, when complete control or randomization is not possible.
3. Non-experimental. It doesnot involve manipulation, control, or randomization, but it is useful to describe and measure the dependent and independent variables.
4. Non-traditional design that does not fit easily into one of the other categories, such as case studies and historical studies.

Despite all these various types of research designs, there is no one best design for all types of research. Each type of design helps in a specific approach and should be selected accordingly to fit the nature of the issue, the extent of existing knowledge, previous researches, the resources and time available, and the availability of experienced staff to implement the design.

This study is non-experimental design (descriptive design) due to lack of literature on the West Bank managerial styles. Once completed, the study will be used as a base line-for further investigations and research.

Setting of the study:

The study is intended to cover all first-line managers working in governmental hospitals throughout the West Bank. The hospitals are distributed, as follows: Alia hospital in

Hebron, Al Hussein hospital in Beit Jalla, Jericho hospital in Jericho, Ramallah hospital in Ramallah, Alwatani and Rafidia hospitals in Nablus, Tulkarm hospital and Jenin hospital all of which are general hospitals directed & supervised by the Palestinian Ministry of Health (MOH). However, there is one Psychiatric hospital in Beithlehem which is excluded from the study due to its nature and mission.

Population of the study:

First-line managers in eight general governmental hospitals on the West Bank were the target population of the study. sixty five head nurses were involved, fifty six of them completed the questionnaire.

Instrument:

A self-administered questionnaire was used in collecting data for the study. The questionnaire was intended to obtain demographic data on managers and to explore the relationship between the demographic variables and the leadership styles of the managers. The questionnaire allowed relatively and inexpensively gathering of large amount of information from a large sample. The questionnaire took 10-15 minutes to fill. It was easy for both the respondent to fill out and the researcher to administer and analyse. The questionnaire comprised close-

ended questions which were quickly answered. They required no writing by either the researcher or respondent, and their analysis was straightforward. Two versions of the questionnaire were used: the English & the Arabic. The Arabic version was used as the managers under the study are Arabic speakers.

The questionnaire components:

The questionnaire comprises a cover letter and two main parts. The first part covers the personal demographic of the respondent. While the second part examines the leadership behavior. These parts will be discussed in more details below:-

A. The cover letter: The first page of the questionnaire stated the nature of the research, its purpose, and other personal information about the researcher. The letter assured voluntary participation in the study and that information to be obtained would be used for the purpose of the study only and treated with complete confidentiality.

B. Personal demographic data.

The first part of the questionnaire contained nine questions about the respondents' demographic variables. These variables may influence the leadership style used by managers. The questions were about, age, sex, marital status, educational level, years of experience in nursing, and years of experience as a head nurse. In addition, the questionnaire covered information about the managers' view of their subordinates and their professional background of education.

C. The leader behavior.

This part of the questionnaire was adopted from Elian Monica (1994) Management in Health care theoretical and experiential approach (PP 139 - 143). This part was developed by staff members of Ohio State, leadership studies, center of Business and Economic Research, Division of research at the college of administrative science at Ohio State university in Columbus. This section of the questionnaire was called leader behavior (Self) questionnaire. It covered items to describe individuals behavior. It was not a test of ability. It simply asked individuals to describe their behaviors as leaders of groups. A Likert scale ranging from always to never for each statement was used. Managers was asked to read the statement, and then choose the appropriate response that corresponds with their own beliefs and behaviors.

Data collection:

To facilitate the data collection process, the researcher used two letters. One was obtained from the ministry of health (M.O.H) and the other was signed from the director of the (C.H.P). Both letters aim to urge and encourage managers to cooperate with the researcher. Hence, the managers were expected not to be available all meetings were prearranged. The researcher visited the managers at workplace. The self-administered questionnaire did not take a long time to complete. Respondents were provided with Arabic version of the questionnaire which were given to the respondent and the data will be collected within one week.

Data analysis:

Once the data collection was finished the responses were analyzed using the descriptive statistics frequency and percentage. For leader behavior self discretion

Ethical considerations:

The following ethical issues have been acknowledged by the researcher.

1. The researcher obtained permission letter from the Ministry of Health intended to facilitate the data collection.

2. Consent letter for respondents emphasising the privacy and confidentiality of information obtained were provided.
3. The researcher ensured voluntary participation in the study. This was manifested in the cover letter.
4. The information was treated with strict confidentiality and would be used for the purpose of the study only.
5. To protect other rights, the researcher will presented clearly the sources of data and references to be used.

Summary

This chapter provides a clear picture of the objectives of the study and methodology to be used. In addition, it provides a summary of the research design, the setting and population of the study. The last part of the chapter describes the data analysis and the findings.

CHAPTER VI

DATA ANALYSIS

Having completed the questionnaires, descriptive statistical analysis were used to assess the two parts of the data; personal and demographic data, and the leader self behavior questionnaire. The total distributed copies of the questionnaire were (65), and the respondents rate was (85)%.

A. Part One: Personal and demographic data

1. Age distribution:

For this part, results indicated that more than 62% of the subjects are within 31-40 years of age, and 3.5% of them are less than 25 years.

Table (6.1): Frequency distribution of subjects according to age

Age group	Frequency	Percentage
21-25 years	2	3.5 %
26-30 years	9	16 %
31-35 years	17	30.5%
36-40 years	18	32 %
More than 40 years	10	18 %
Total	56	100 %

2. Sex distribution:

Results indicated that 69.5% of the subjects represents females.

Table (6.2): Distribution of subjects according to sex

Sex	Frequency	Percentage
Male	17	30.5 %
Female	39	69.5 %
Total	56	100 %

3. Marital status:

As for marital status, results indicated that the greatest part of the sample are married 84%, while only 16% of them are single.

Table (6.3): Distribution of subjects according to marital status

Marital status	Frequency	Percentage
Single	9	16 %
Married	47	84 %
Divorced	0	0 %
Widow	0	0 %
Separated	0	0 %
Others	0	0 %
Total	56	100 %

4. Educational level:

For this part, results indicated that the greatest part of sample, represents 75% are graduates holding diploma (3 years), none of them is a practical nurse but only one head nurse has a master degree.

Table (6.4): Distribution of subjects according to educational level

Educational level	Frequency	Percentage
Practical nurse	0	0 %
Staff nurse	42	75 %
Bachelor	8	14 %
High diploma	5	9 %
Master	1	2 %
Total	56	100 %

5. Experience in nursing:

This part of the questionnaire was designed to assess the subjects' experience in the nursing profession. However, it's obvious that most of the subjects have enough experience since 71% have been in nursing for 11 years and more. On the other hand, 11% have experience of less than 5 years.

Table (6.5): Distribution of subjects according to experience in nursing

Years of experience	Frequency	Percentage
1-5 years	6	11%
6-10 years	10	18%
11-15 years	15	26.5%
16-20 years	21	37.5%
More than 20 years	4	7%
Total	56	100%

6. Experience in head nurse position:

Results revealed that most of the subjects are either new in the position or old. Thirty seven point five percent of the sample are new, being in the position for less than 3 years, and 30.5% had been in the position for more than 12 years.

Table (6.6): Distribution of subjects according to their experience in head nurse position

Years	Frequency	Percentage
1-3 years	21	37.5 %
4-6 years	7	12.5 %
7-9 years	2	3.5 %
10-12 years	9	16 %
More than 12 years	17	30.5 %
Total	56	100 %

7. Span of control:

This part of the questionnaire was designed to assess the number of subordinates the head nurses are responsible for. Results indicated that 50% of the subjects are managers for (6-10) nurses, 34% are managers for (11) and more, while 16% of them are managers for (1-5) subordinates only.

Table (6.7): Distribution of subjects according to the number of their subordinates

Number of subordinates	Frequency	Percentage
1-5	9	16%
6-10	28	50%
11-15	14	25%
16-20	4	7%
More than 20	1	2%
Total	56	100%

8. Head nurses perception

This part of the questionnaire was designed to know the perception of the head nurses about their team members, depending on the team ability and willingness. As in the table below findings indicate that 61% of the subjects perceive their team as able and willing while 28.5% perceive them as able but not willing.

Table (6.8): Distribution of subjects according to perception about subordinates.

Perception	Frequency	Percentage
Able and willing	34	61 %
Able but not willing	16	28.5 %
Not able but willing	2	3.5 %
Not able and not willing	2	3.5 %
Not answer (Don't know)	2	3.5 %
Total	56	100%

9. Attending management courses:

The majority of the subjects 64% have not attended any management courses after graduation. However, 36% of the subjects attended such courses.

Table (6.9): Distribution of subjects according to all attending management courses

Course attendance	Frequency	Percentage
Yes	20	36 %
No	36	64 %
Total	56	100 %

10. Management courses attended:

This part of the questionnaire contained open-ended question. The collected answers were enterprise and categorized into five main classes as shown in table (6.10). Findings indicate that most of the courses are general management courses. The rest are special courses in management.

Table (6.10): Distribution of subjects according to management courses attended

No.	Course name	No. of head nurses
1.	General management	15
2.	Quality improvement	5
3.	Leadership skills	4
4.	Communication skills	3
5.	Data processing	2

B. Part two: Leader behavior self description

Data analysis reflected two dimensions of leader behavior: One for initiating structure (Task) while the other for consideration (people).

As for initiating structure, results indicated that most of the subjects are task oriented. Table (6.11) shows the results of questions related to initiating structure.(Task)

Table (6.11): Distribution of subjects according to their responses to questions related to task

No.	When acting as a leader I.	Always		often		occasionally		seldom		Never		No answer	
		F	%	F	%	F	%	F	%	F	%	F	%
2	Make my attitude clear to the group	36	64	19	34	1	2	0	0	0	0	0	0
4	Try out my new ideas with the group	30	54	14	25	10	17	0	0	1	0	1	0
7	Rule with iron hands.	2	3.5	9	16	22	40	7	12.5	16	28	0	0
9	Criticize poor work	50	89	4	7	1	2	1	2	0	0	0	0
11	Speak in a manner not to be questioned	32	57	23	41	1	2	0	0	0	0	0	0
14	Assign group members to particular tasks	20	36	20	36	12	21	3	5	0	0	1	2
16	Schedule the work to be done	27	48	19	34	4	7	4	7	1	2	1	2
17	Maintain definite standards of performance	21	37.3	19	34	14	25	0	0	0	0	2	3.5
22	Emphasize the meeting of deadlines	32	57	19	34	3	5	1	2	1	2	0	0
24	Encourage the use of uniform procedures	23	41	22	39	7	12.5	2	3.5	1	2	1	2
27	Make sure that my part in the organization is understood b the group	33	59	19	34	3	5	0	0	1	2	0	0
29	Ask that group members follow standard rules and regulations.	22	39	22	39	8	14	1	2	1	2	2	3.5
32	Let group members know what is expected of them	21	37.5	26	46.5	6	11	3	5	0	0	0	0
35	See to it that group members are working up to capacity	34	61	17	30	4	7	1	2	0	0	0	0
39	See to it that the work of group members is coordinated	25	45	23	41	8	14	0	0	0	0	0	0

As for consideration to people, findings indicated that in general, subjects are concerned with people. They give attention to subordinates and try to get them participate in decision making. Nine percent of subjects are always keeping the information to themselves, but 36% are open. Findings showed that 2% of subjects never consult the group while 28% of them always do. Table (6.12) shows the distribution of subjects according to their response to questions related to consideration.

Table (6.12): Distribution of subjects according to their response to questions related to consideration.

No.	When acting as a leader I	Always		Often		Occasionally		Seldom		Never		No answer	
		F	%	F	%	F	%	F	%	F	%	F	%
1	Do personal favors for group members	18	32	15	27	18	32	2	3.5	2	3.5	1	2
3	Do little things to make it pleasant to being a member of the group	23	41	15	27	10	18	4	7	3	5	1	2
6	Am easy to understand	28	50	21	38	5	8	1	2	0	0	1	2
8	Final time to listen to group members	18	32	28	50	7	13	3	5	0	0	0	0
12	Keep everything to my self	5	9	8	14	7	13	16	28	20	36	0	0
13	Look out for the personal welfare of individual group member	24	43	12	21	15	27	3	5	1	2	1	2
18	Refuse to explain my actions	9	16	9	16	17	30	12	21	9	16	0	0
20	Act without consulting the group.	1	2	6	11	13	23	20	36	16	28	0	0
21	Back up the members in their actions.	26	46	24	43	5	8	1	2	0	0	0	0
23	Treat all group members as my equals	28	50	15	27	9	16	1	2	3	5	0	0
26	Am willing to make changes.	29	52	20	36	5	8	1	2	0	0	1	2
28	Am friendly and approachable	33	59	16	28	5	8	1	2	1	2	0	0
31	Make group members feel at ease when talking with them.	28	50	26	46	1	2	0	0	0	0	1	2
34	Put suggestions made by the group into operation	12	21	22	39	17	30	4	8	1	2	0	0
38	Get group approval in important matters before going ahead.	22	39	21	38	11	19.5	2	3.5	0	0	0	0

With regard to leader behaviors (leadership style) results indicated that 59% of the subjects are highly people & highly task oriented. On the other hand, 30% of them are highly task oriented and low people oriented.

Table (6.13): Distribution of subjects according to their leadership styles

No.	Leadership style	F.	%	M. Scores for consid.	M. Scores for struc.
1.	Low initiating structure low consideration	3	5.5	38	34
2.	High initiating structure low consideration	17	30	38	48
3.	High initiating structure high consideration	33	59	50	50
4.	Low initiating structure high consideration	3	5.5	45	39
	Total	56	100		

Summary

The total of head nurses in the governmental hospitals on the West Bank were involved in the study. The majority of them (56) participated in the study. The findings indicated that 70% are females and 30% are males. Sixty two percent of them are aged between (31-40) years. Looking at marital status it was shown that 84% are married and 16% are singles. Educational level indicated that 75% are holders of diploma in nursing. Seventy percent of them had an experience in nursing for 10

years or more. However 30.5% had experience for more than 12 years in head nurse position, and 37.5% have been in position for less than three years. About subordinates, findings showed that 50% of them were responsible for (6-10) persons, and 16% of them are responsible for (1-5) persons. Moreover, 36% of head nurses involved in management courses after graduation, while 64% of them had not. Finally, findings indicated that 59% of head nurses give high attention to people and high attention to task on hand while 30.4% of them give more attention to task than people.

CHAPTER VII

DISCUSSION

Head nurses from eight governmental hospitals on the West Bank were involved in the study. Sixty five copies of the questionnaire were distributed fifty six of which were completed.

The results and analysis were based on the content of the questionnaire which was delivered to the subjects and, consequently, it was a self evaluated questionnaire. The questionnaire was divided into two main sections: The first section was personal and demographic data while the second one was designed to evaluate the subject's leadership styles. The second section was called (Leader Behavior Self Questionnaire). It is a self-evaluation tool for leadership styles according to the Ohio State model of leadership.

A- Section one: Personal and demographic data:

With regard to age, findings revealed that most of the head nurses were young and more than 62% of the subjects were (31-40) years old. Moreover, nurses usually graduate after the age of (21-23) years which means that most of the head nurses were seniors. Considering sex, findings showed that 70% of the subjects are females, and 30% of them are males. This matches

with the findings of the Nursing Human Resources in Palestine (1997) (pp. 26), which was (36.7%) males and (63.3%) females. As for marital status, findings indicate that 84% of subjects are married, and 16% of them are singles. The majority of the singles are females. As for educational level, findings show that 75% of the subjects are diploma nurses (3 years). An explanation of this finding may be that governmental hospitals are being supplied with graduates from Ibin Sina nursing school since 1974. This school offers which was established to supply the governmental health sector with nurses, offers diploma in nursing. The first school that offer (Bsc) degree was established in (1978). Graduates from other nursing schools prefer to be employed in the private sector where higher income and better working conditions are found. This increases the need for upgrading programs for these diplomas.

Concerning experience in nursing practice, findings showed that more than 70% of the subjects have been in nursing for 10 year or more and 30% of them for less than 10 years. The explanation is that most of the head nurses get their position in the governmental hospitals although seniority. However there is no job description or specification in these hospitals. As for as the experience in head nurse position is concerned, results indicate that 37.5% of the subjects have been in position for less than 3 years, and 30% of them have been in position for 12 year or more. These findings can be explained as follows: In case

head nurses who have been in position for 12 years or more, it is known that in the governmental hospital, once a nurse gets a job as ahead nurse he/she will remain in position until termination or death. This docent depends on performance appraisal. The Palestinian Authority has established new departments in these hospitals since 1996 and new head nurses were appointed for that (37.5%) and so these have in position for less than (3) years.

With regard to subordinates, results showed than 50% of the subjects are responsible for (6-10) nurses which is neither large nor small number. However, 16% of the subjects are responsible for less than five nurses. This shows that hospital departments are either small or the nursing staff is insufficient for the department. Moreover, subjects give a positive perception towards their subordinates, since 61% of the subjects perceive their subordinates to be able and willing to do the requested task. This means that head nurses are deal with mature subordinates. According to Hesity and Blancherd (1988) maturity of subordinates depends on ability and willingness. The best style in such a situation is participating and delegating.

As for management courses after graduation, results indicated that only 36% of the subjects were involved in such courses. This may be due to lack of such courses or inadequate continuing education programs for nurses in the governmental sector. Another cause may be lack of interest on the part of head nurses themselves. However, the results whowed the need

for continuing educational programs and emphasis on management courses for the head nurses.

B- Section two: Leadership styles:

Results indicated that 59% of the head nurses evaluate themselves as high task and high people oriented leaders. At the same time, 61% of subjects perceive their subordinates as mature. According to Hersey & Blanchard (1988) in Situational leadership theory, (selling) is the best leadership style in such a situation. In this style the leader balances concern for getting a task accomplished with the concern for the beliefs, desires, and needs of the group. He defines the goals, designate what need to be done and who has specific responsibility, and invites questions and reactions from group members. This style involves two ways of communication and responds to the group needs. Furthermore, this style enables the leader to establish a mutual trust between and among group members showing respect and warmth.

On the other hand, 30% of the subjects are using a high task and low people oriented style. This reflects the task oriented leader. This leader attempts to organize and define roles and a activities of the group members. He states the goal and defines what is to be done, how it will be done, where it will be done, when it well be done, and who is responsible for a

specific task. This style also involves one way communication. The leader tells the followers what to do to accomplish a goal. However, Hersey and Blancheres (1988) thought that this leader defines the task, explains to the group each member's responsibilities, and states when tasks should be done. No group decision making is involved in this style.

Summary

Results of the study indicate that 56 subjects completed the questionnaires. Findings revealed that 62% of the subjects were within 31-40 years of age, 70% are females, and 84% of the subjects are married. The majority (75%) are diploma nurses. As for experience in nursing, 70% of the sample have been in nursing for 10 years or more and 30% of the head nurse have been in position for 12 years or more, while 37.5% of them are new in the position. Concerning the leadership style, findings revealed that 59% of the subject are using high task and high people oriented style while 30% of them are using high task and low people oriented one.

Implications:

This study describes head nurses in the governmental hospitals on the W.B., and so it is a descriptive one and self evaluation of head nurses leadership styles. However the head nurses play a major role in the quality and quantity of nursing services. The findings could be applicable to all governmental hospitals and it is to the ministry of health to assess the management styles used by the head nurses in these hospitals. The findings support previous studies which indicated that leaders behave in a manner by which they get the task done and concern for relation with group members at the same time. In practice, it is essential for nurses leaders to know how they lead their team members. Finding of the study revealed that majority of the head nurses are using a high task and high people oriented style: in which group members are committed to accomplished a task. They are interdependent and every one holds (a common stake). This style is characterized by trust relationship, respect, and equality.

Recommendations:

This has been the first study conducted in the governmental hospitals. It is a descriptive study and can be used as a base for further investigations. Moreover, it is a self-evaluation for leaders, behaviors. For this, the following

recommendation should be taken into consideration in future researches.

1. The instrument used (The leader Behavior self questionnaire) is a rough indicator but it is an excellent basis for further investigations.
2. It is essential to investigate the leadership style of the head nurses as seen by the subordinates. This study will reflect another dimension of the picture.
3. It is recommended to investigate the head nurses satisfaction in the governmental hospitals as it may affect their leadership styles.
4. It is recommended to conduct a study of the nurses satisfaction in the governmental hospitals and factors affect satisfaction.
5. It is recommended to investigate the clients satisfaction about nursing services provided by governmental hospitals.

In conclusion, the governmental hospitals are in need for a lot of investigations and researches to assess its strengths and weaknesses. These researches will benefit both hospital management and Ministry of Health to plan for improving the quality and quantity of nursing services provided by these hospitals.

APPENDIX (A)

Questionnaire (English version)

Dear Colleague

I'am a student at AL Quds University and studying for the master degree in nursing management. I highly appreciate it, if you can spare (10-15) minutes out of your busy schedule to fill out this questionnaire which is part of the requirements for this degree.

I would like you to know that the information you provide will be treated in the strictest manner and will be used for the academic purposes only.

Thank you in advance for your cooperation.

Kindest personal regards

***Seyyan Al-Arab,
Researcher.***

•If you require any information, please contact

Seyyan AL Arab

Doura - Hebron

phone: 052-287233

Part one - General Data

Please read the following items carefully and circle the appropriate answer that corresponds to you:

1. Age:

- | | |
|------------------|----------------|
| a. 21-25 years | b. 26-30 years |
| c. 31-35 years | d. 36-40 years |
| e. Over 40 years | |

2. Sex:

- | | |
|---------|-----------|
| a. Male | b. female |
|---------|-----------|

3. Marital status:

- | | |
|--------------|------------|
| a. single | b. married |
| c. divorced | d. widow |
| e. separated | f. others. |

4. Your highest educational level

- | | |
|------------------------|-------------------------|
| a. practical nurse | b. diploma nurse |
| c. Baccalaureate nurse | d. Post graduate |
| e. Master. | f. Others. specify..... |

5. Years of experience in nursing

- | | |
|------------------|----------------|
| a. 1-5 years | b. 6-10 years |
| c. 11-15 years | d. 16-20 years |
| e. Over 20 years | |

Part Two

• **DIRECTIONS:**

- a. Read each item carefully.
- b. Think about how frequently you engage in the behavior described by the item.
- c. Decide whether you always, often, occasionally, seldom, or never act as described by the item.
- d. Draw a circle around one of the five letters following the item to show the answer you have selected:
a: always **b:** often **c:** occasionally
d: seldom **e:** never.

• **When acting as a leader, I:**

1.	Do personal favors for group members	A	B	C	D	E
2.	Make my attitudes clear to the group	A	B	C	D	E
3.	Do little things to make it pleasant to be a member of the group	A	B	C	D	E
4.	Try out my new ideas with the group.	A	B	C	D	E
5.	Act as the real leader of the group.	A	B	C	D	E
6.	Am easy to understand.	A	B	C	D	E
7.	Rule with an iron hand.	A	B	C	D	E
8.	Find time to listen to group members.	A	B	C	D	E
9.	Criticize poor work.	A	B	C	D	E
10.	Give advance notice of changes.	A	B	C	D	E
11.	Speak in a manner not to be questioned.	A	B	C	D	E
12.	Keep all things to myself.	A	B	C	D	E
13.	Look out for the personal welfare of individual group members.	A	B	C	D	E
14.	Assign group members to particular tasks.	A	B	C	D	E
15.	Am the spokesperson of the group.	A	B	C	D	E
16.	Schedule the work to be done.	A	B	C	D	E
17.	Maintain definite standards of performance	A	B	C	D	E

a: *always* b: *often* c: *occasionally* d: *seldom* e: *never*.

18.	Refuse to explain my actions.	A	B	C	D	E
19.	Keep the group informed.	A	B	C	D	E
20.	Act without consulting the group.	A	B	C	D	E
21.	Back up the members in their actions.	A	B	C	D	E
22.	Emphasize the meeting of deadlines.	A	B	C	D	E
23.	Treat all group members as my equals.	A	B	C	D	E
24.	Encourage the use of uniform procedures.	A	B	C	D	E
25.	Get what I ask for from my superiors.	A	B	C	D	E
26.	Am willing to make changes.	A	B	C	D	E
27.	Make sure that my part in the organization is understood by group members.	A	B	C	D	E
28.	Am friendly and approachable.	A	B	C	D	E
29.	Ask that group members follow standard rules and regulations.	A	B	C	D	E
30.	Fail to take necessary action.	A	B	C	D	E
31.	Make group members feel at ease when talking with them.	A	B	C	D	E
32.	Let group members know what is expected of them.	A	B	C	D	E
33.	Speak as the representative of the group.	A	B	C	D	E
34.	Put suggestions made by the group into operation.	A	B	C	D	E
35.	See to it that group members are working up to capacity.	A	B	C	D	E
36.	Let other people take away my leadership in the group.	A	B	C	D	E
37.	Get my superiors act for the welfare of the group members.	A	B	C	D	E
38.	Get group approval in important matters before going ahead.	A	B	C	D	E
39.	See to it that the work of group members is coordinated.	A	B	C	D	E
40.	Keep the group working together as a team.	A	B	C	D	E

APPENDIX (B)

Questionnaire (Arabic version)

بِسْمِ اللَّهِ الرَّحْمَنِ الرَّحِيمِ

عزيزي الزميل المحترم

تحية طيبة وبعد

أنا الطالب في برنامج ماجستير "الإدارة في التمريض" في كلية المهن الصحية/ جامعة القدس. ومن أجل إتمام متطلبات هذه الدرجة فأني أقوم بدراسة النهج الإداري لرؤساء الأقسام التمريضية في المستشفيات الحكومية في الضفة الغربية.

أقدر لكم مشاركتكم الفاعلة في هذه الدراسة. وأشكركم لمنحي عشر دقائق من وقتكم الثمين لتعبئة هذه الاستبانة رغم كثرة أعمالكم وضيق الوقت لديكم.

عزيزي المشارك....

تأكد بأن المعلومات التي تزودنا بها قيمة وأساسية للدراسة وسوف تعالج بسرية وأمانه تامة ولغرض الدراسة فقط.
شكراً جزيلاً لتعاونكم

مع أطيب تمنيات الباحث

سيان العرب

• لمزيد من المعلومات الرجاء الاتصال مع

سيان عبد الرسول العرب

دورا - الخليل.

بلفون (052-287233)

• القسم الأول: معلومات شخصية وعامة:

الرجاء قراءة التالية ووضع إشارة (x) بجانب الجواب الملائم

1. العمر

- أ) 25-21 سنة
 ب) 30-26 سنة
 ج) 35-31 سنة
 د) 40-36 سنة
 هـ) أكثر من 40 سنة.

2. الجنس: أ) ذكر
 ب) أنثى

3. الحالة الاجتماعية:

- أ) أعزب
 ب) متزوج
 ج) مطلق
 د) أرمل
 هـ) منفصل
 و) غير ذلك

4. التحصيل الأكاديمي:

- أ) ممرض مؤهل (دبلوم سنتين)
 ب) دبلوم تمريضي
 ج) بكالوريوس
 د) دبلوم عالي
 هـ) ماجستير
 و) غير ذلك

5. الخبرة العملية في مجال التمريض:

- أ) 5-1 سنوات
 ب) 10-6 سنوات
 ج) 15-11 سنة
 د) أكثر من 20 سنة.

6. الخبرة العملية كرئيس قسم تمريضي:

- أ) 3-1 سنوات
 ب) 6-4 سنوات
 ج) 10-7 سنوات
 د) 12-10 سنة
 هـ) أكثر من 12 سنة.

7. عدد مرؤوسيك (طاقم القسم الذي ترأسه)

(ب) 6-10 أفراد

(أ) 1-5 أفراد

(د) 16-20 فرد

(ج) 11-15 فرد

(هـ) أكثر من 20 فرد

8. من وجهة نظرك كيف ترى مرؤوسيك:

(أ) لديهم القدرة وعندهم الرغبة في العمل.

(ب) لديهم القدرة وليس عندهم الرغبة في العمل.

(ج) ليس لديهم القدرة وعندهم الرغبة في العمل.

(د) ليس لديهم القدرة وليس عندهم الرغبة في العمل.

9. هل شاركت في دورات إدارية بعد التخرج:

(ب) لا

(أ) نعم

10. إذا كان الجواب نعم حدد حسب الجدول:

الرقم	اسم الدورة	مدة الدورة	تاريخ الدورة	مكان الدورة
.1				
.2				
.3				
.4				
.5				
.6				
.7				
.8				
.9				
.10				

• القسم الثاني:

الرجاء قراءة المواقف التالية والتفكير في مدى استخدام السلوك الموصوف ثم تحديد مدى تكرار استخدامك لهذا السلوك: دائماً، غالباً، نادراً أو قطعاً. وضع إشارة (x) في المكان المناسب لإجابتك مع العلم أن الحروف تعني:

(أ) دائماً (ب) غالباً (ج) أحياناً (د) نادراً (هـ) قطعاً

عندما أتصرف كقائد للمجموعة فأنا

الرقم	البيان	أ	ب	ج	د	هـ
1.	أصنع معروفاً شخصياً لأفراد المجموعة					
2.	أعمل على أن تكون موافقي واضحة للمجموعة					
3.	أقوم بأشياء بسيطة لأجعل كوني عضو في المجموعة ممتعاً					
4.	أجرب أفكار جديدة مع المجموعة					
5.	أتصرف كقائد حقيقي للمجموعة					
6.	أكون سهل الفهم من قبل الآخرين					
7.	أحكم بقبضة حديدية					
8.	أجد الوقت للاستماع لأفراد المجموعة					
9.	أنتقد العمل الرديء					
10.	أعطي ملاحظات مسبقة عن التنويرات المنوي عملها					
11.	أتحدث بأسلوب واضح لا يثير التساؤل					
12.	أحتفظ بجميع الأشياء لنفسني					
13.	أحرص على المصلحة الشخصية لكل فرد من أفراد المجموعة					
14.	أكلف أعضاء المجموعة بمهام معينة					
15.	أتكلم باسم المجموعة					
16.	أضع برنامجاً للعمل المنوي القيام به					
17.	أحافظ على مستويات محددة من العمل					
18.	أرفض أن أبرر أفعالي					
19.	أبقي المجموعة على علم بمشكلات الأمور					
20.	أتصرف دون استشارة أفراد المجموعة					
21.	أدعم أفراد المجموعة في أعمالهم					
22.	أشدد على الالتزام بالمواعيد النهائية للعمل					

(أ) دائماً (ب) غالباً (ج) أحياناً (د) نادراً (هـ) قطعاً

الرقم	البيان	أ	ب	ج	د	هـ
23.	أعامل جميع أفراد المجموعة على أنهم أقراني (متساوين معي)					
24.	أشجع استخدام الإجراءات الموحدة					
25.	أحصل على ما أطلبه من رؤوسائي					
26.	أكون مستعداً لإحداث تغيير					
27.	أتأكد أن دوري في المؤسسة مفهوم من أفراد المجموعة					
28.	أكون ودوداً وسهل الاقتراب مني والتحدث معي					
29.	أطلب من أفراد المجموعة إتباع قوانين وأنظمة معيارية					
30.	أفضل في اتخاذ الإجراء القانوني					
31.	أجعل أفراد المجموعة يشعرون بالارتياح عند التحدث إليهم					
32.	أجعل أفراد المجموعة يعرفون ما هو متوقع منهم					
33.	أتحدث كممثل عن المجموعة					
34.	أقوم بتنفيذ اقتراحات المجموعة					
35.	أتأكد من أن أفراد المجموعة يبذلون قصارى جهدهم في عملهم					
36.	أسمح للآخرين بأخذ مكاني في قيادة المجموعة					
37.	أطلب من رؤوسائي يعملون لمصلحة أعضاء المجموعة					
38.	أحصل على موافقة في الأمور الهامة قبل الشروع بها					
39.	أتأكد أن أعمال أفراد المجموعة منسقة					
40.	أتأكد من أن أفراد المجموعة يعملون بروح الفريق					

APPENDIX (C)

Permission letters



التاريخ : ١٦/٦/١٩٩٨

الرقم : دع/٣٣/٩٨

حضرة السيدة اكرام الطل المحترمة

مديرة دائرة التمريض

وزارة الصحة

نابلس - فاكس ٣٨٤٧٧٧-٠٩

الموضوع : اجراء بحث علمي

اطلب من حضرتكم التكرم بالسماح للطالب سيان عبد الرسول العرب ماجستير ادارة في التمريض في جامعة القدس بتوزيع استبانة لرؤساء الاقسام التمريضية في مستشفيات وزارة الصحة الفلسطينية (رام الله، الحسين، عاليه، اريحا، رفيديا، الوطني، طولكرم، جنين)، وذلك لاجراء بحث متطلب لمنحه درجة الماجستير. ويدور موضوع البحث حول النهج الاداري لرؤساء الاقسام التمريضية. علماً بأن المعلومات التي سيحصل عليها ستستخدم لاجراض البحث فقط.

راجين موافقتكم ولكم منا كل التقدير.

- مرفقه طيه نسخة عن الاستبانة.

منسقة برامج الدراسات العليا

اسمى الامم



f. :

e :

الرقم :

التاريخ : ٩٨/٧/١٨

الأخت رئيسة التمريض في مستشفى المحترمة
بواسطة مدير مستشفى المحترم

الموضوع : طالب الماجستير سيان العرب

يُرجى السماح للطالب سيان العرب بتوزيع الإمتحانات على رؤساء الأقسام التمريضية ليتسنى له إكمال رسالته علماً بأن المذكور هو أحد المدرسين في كلية ابن سينا للتمريض وطالب في ماجستير الإدارة في الكليات العربية للمهن الصحية .

شاكرين لكم حسن تعاونكم

ياسر سبتي

مدير تمريض إدارة المستشفيات

APPENDIX (D)

Locating scores on situational
leadership model

EXERCISE 1

WORKSHEET A: Leader Behaviour (Self) Questionnaire

This questionnaire is to determine your leadership style. Following is a list of items that may be used to describe your behaviour as you think you act. This is not a test of ability. It simply asks you to describe how you believe you act as a leader of a group.

DIRECTIONS:

- Read each item carefully.
- Think about how frequently you engage in the behaviour described by the item.
- Decide whether you *always, often, occasionally, seldom, or never* act as described by the item.
- Draw a circle around one of the five letters following the item to show the answer you have selected: A = always, B = often, C = occasionally, D = seldom, E = never.

When acting as a leader, I:

- | | | | | | |
|--|---|---|---|---|---|
| 1. Do personal favours for group members. | A | B | C | D | E |
| 2. Make my attitudes clear to the group. | A | B | C | D | E |
| 3. Do little things to make it pleasant to be a member of the group. | A | B | C | D | E |
| 4. Try out my new ideas with the group. | A | B | C | D | E |
| 5. Act as the real leader of the group. | A | B | C | D | E |
| 6. Am easy to understand. | A | B | C | D | E |
| 7. Rule with an iron hand. | A | B | C | D | E |
| 8. Find time to listen to group members. | A | B | C | D | E |
| 9. Criticize poor work. | A | B | C | D | E |
| 10. Give advance notice of changes. | A | B | C | D | E |
| 11. Speak in a manner not to be questioned. | A | B | C | D | E |
| 12. Keep to myself. | A | B | C | D | E |
| 13. Look out for the personal welfare of individual group members. | A | B | C | D | E |
| 14. Assign group members to particular tasks. | A | B | C | D | E |
| 15. Am the spokesperson of the group. | A | B | C | D | E |
| 16. Schedule the work to be done. | A | B | C | D | E |

(continued)

EXERCISE 1

WORKSHEET B: Scoring Key for "Initiating Structure"

SCORING INSTRUCTIONS: On the Leader Behaviour (Self) Questionnaire, draw a circle around the questionnaire item numbers noted below (2, 4, 7, 9, etc.). On the left side of the questionnaire, beside each such item, write the score you get for each item. The appropriate score is determined by noting, as indicated below, the points for the response you made on the questionnaire. For example, if your response to question 2 was "seldom" you would put a "1" by question number 2 on your questionnaire. Do this for each of the 15 questions below. Add these 15 scores together. The total is your score for initiating structure. Transcribe the score in the space provided on Worksheet D.

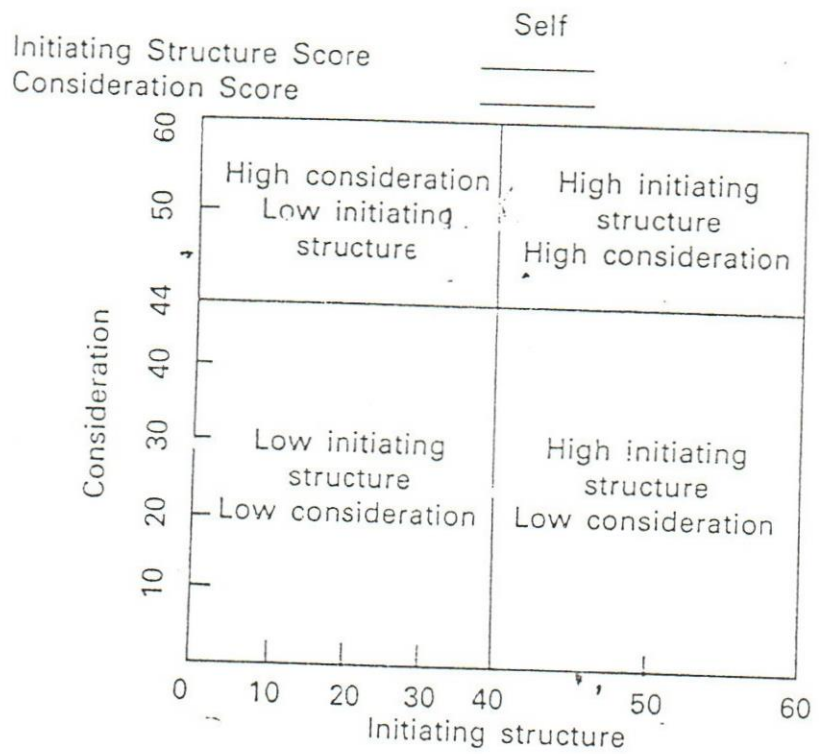
Item No.	A Always	B Often	C Occasionally	D Seldom	E Never
2	4	3	2	1	0
4	4	3	2	1	0
7	4	3	2	1	0
9	4	3	2	1	0
11	4	3	2	1	0
14	4	3	2	1	0
16	4	3	2	1	0
17	4	3	2	1	0
22	4	3	2	1	0
24	4	3	2	1	0
27	4	3	2	1	0
29	4	3	2	1	0
32	4	3	2	1	0
35	4	3	2	1	0
39	4	3	2	1	0

EXERCISE 1 *(continued)*
WORKSHEET C: Scoring Key for "Consi

SCORING INSTRUCTIONS: On the Leader Beh
 tionnaire, circle the questionnaire item numbers
 6, 8, etc.). On the left side of the questionnaire,
 item, write the score you get for each item. The
 determined by noting, as indicated below, the poi
 you made on the questionnaire. For example,
 question 1 was "often" you would put a "3" by qu
 your questionnaire. Do this for each of the 15 qu
 the 15 scores. The total is your score for consid
 this score in the space provided on Worksheet D.
 10 questions "left over", which are not scored
 questionnaire in order to maintain conditions co
 the questionnaire was standardized.)

Item No.	A Always	B Often	C Occasionally
1	4	3	2
3	4	3	2
6	4	3	2
8	4	3	2
12	0	1	2
13	4	3	2
18	0	1	2
20	0	1	2
21	4	3	2
23	4	3	2
26	4	3	2
28	4	3	2
31	4	3	2
34	4	3	2
38	4	3	2

EXERCISE 1 WORKSHEET D: Locating Scores on the Ohio State Leadership Studies Model



DIRECTIONS: After scoring the instrument, Worksheets B and C, indicate where your initiating structure scores place on that continuum, followed by your consideration scores. Draw the horizontal and vertical line from each axis until both meet. The box in which lines meet indicates your leadership style. Scores above 40 on the initiating structure dimension indicate you are above the mean. If you scored above 44 on the consideration dimension, you would also be above the mean.

The purpose of using this instrument is to begin the process of gaining awareness of your leader behaviour. The Leader Behaviour (Self) Questionnaire is a rough indicator. If your scores conform to your experience in dealing with others and their perception of you, then the instrument provides an excellent basis for further self-study.

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